



# HISTORIC DISTRICT COMMISSION APPLICATION FOR WORK APPROVAL

City of Detroit - Planning & Development Department  
2 Woodward Avenue, Suite 808  
Detroit, Michigan 48226

**APPLICATION ID**

HDC2026-00035

## PROPERTY INFORMATION

**ADDRESS(ES):** 18109 Livernois Ave

**HISTORIC DISTRICT:** Rosedale Park

### SCOPE OF WORK: (Check ALL that apply)

- |   |   |  |   |   |                                |
|---|---|--|---|---|--------------------------------|
| <input checked="" type="checkbox"/> Windows/<br>Doors | <input type="checkbox"/> Walls/<br>Siding | <input type="checkbox"/> Painting        | <input type="checkbox"/> Roof/Gutters/<br>Chimney | <input type="checkbox"/> Porch/Deck/Balcony   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Demolition                   | <input type="checkbox"/> Signage          | <input type="checkbox"/> New<br>Building | <input type="checkbox"/> Addition                 | <input type="checkbox"/> Site Improvements<br>(landscape, trees, fences,<br>patios, etc.) |                                |

### BRIEF PROJECT DESCRIPTION:

New windows and aluminum trim and new exterior doors.

## APPLICANT IDENTIFICATION

**TYPE OF APPLICANT:** Contractor

**NAME:** Clark Bailey

**COMPANY NAME:** CLARK'S CONSTRUCTION CO.

**ADDRESS:** 18109 Livernois Ave

**CITY:** Detroit

**STATE:** MI

**ZIP:**  
48221

**PHONE:** +1 (313) 350-7290

**EMAIL:** clarkb@clarksconstruction.net

## I AGREE TO AND AFFIRM THE FOLLOWING:

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | I understand that the failure to upload all required documentation may result in extended review times for my project and/or a denied application.   |
| <input checked="" type="checkbox"/> | I understand that the review of this application by the Historic District Commission does not waive my responsibility to comply with any other applicable ordinances including obtaining appropriate permits (building, sign, etc.) or other department approvals prior to beginning the work.   |
| <input checked="" type="checkbox"/> | I hereby certify that the information on this application is true and correct. I certify that the proposed work is authorized by the owner of record and I have been authorized to make this application as the property owner(s) authorized agent.  |
| <input checked="" type="checkbox"/> | As required by the state Local Historic Districts Act, <a href="#">Act 169 of 1970</a> (MCL399.205), I hereby certify that the property where work will be undertaken has, or will have before the proposed project completion date, a fire alarm system or a smoke alarm complying with the requirements of the Stille-DeRossett-Hale single state construction code act, <a href="#">1972 PA 230, MCL 125.1501 to 125.1531</a> |

DocuSigned by:

*Clark Bailey*

F65390BCA5C1401

02/04/2026

SIGNATURE

DATE

**NOTE: Based on the scope of work, additional documentation may be required. See [www.detroitmi.gov/hdc](http://www.detroitmi.gov/hdc) for scope-specific requirements.**

**PROJECT DETAILS – TELL US ABOUT YOUR PROJECT**

**Instructions: Add project details using the text box in each section. If your details exceed the space provided, attach the details via the attachment icon for that section.**

**ePLANS PERMIT NUMBER:**

(only applicable if you've already applied for permits through ePLANS)

RES2026-00103

**GENERAL**

**1. DESCRIPTION OF EXISTING CONDITION**

*Please tell us about the current appearance and conditions of the areas you want to change. You may use a few sentences or attach a separate prepared document on the right. (For example, "existing roof on my garage is covered in gray asphalt shingles in poor condition.")*

The exterior windows and exterior doors are deteriorated and need replacing



**2. PHOTOGRAPHS**

*Help us understand your project. Please attach photographs of all areas where work is proposed.*



**3. DESCRIPTION OF PROJECT**

*In this box, tell us about what you want to do at the areas described above in box #1. (For example, "Install new asphalt shingle roofing at garage.")*

Remove the existing windows and door and new wood metal clad windows and fiberglass doors

**4. DETAILED SCOPE OF WORK**


*In this box, please describe all steps necessary to complete the work described in box #3. (For example, "remove existing shingles, replace wood deck as necessary, replace wood eaves, install roof vents, replace rotted fascia boards, paint, clean worksite.")*



**5. BROCHURES/CUT SHEETS**

*Please provide information on the products or materials you are proposing to install. For example, a brochure on the brand and color of the shingles proposed.*

**ADDITIONAL DETAILS**

<p><b>6. WINDOWS/DOORS</b> <i>Detailed photographs of window(s) and/or door(s) proposed for replacement showing the condition of the interior and exterior of the window(s) and/or door(s)</i></p>	









# Details

<b>Color</b>	Primed
<b>Color Family</b>	Unfinished White
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>1-866-333-3551 or Text 78465</span> <span>Projects <span style="background-color: #00a651; color: white; padding: 2px;">NEW</span></span> <span>Buy it Again</span> <span>Home</span> </div>	
<div style="display: flex; justify-content: space-between; align-items: center; background-color: #2d3748; color: white; padding: 5px;"> <span>Northville 10PM</span> <span>48221</span> <div style="border: 1px solid #ccc; padding: 5px; flex-grow: 1;">             What can we help you find today?             <span style="background-color: #f96; color: white; padding: 2px 5px; border-radius: 50%; margin-left: 5px;">Q</span> </div> <div style="display: flex; gap: 10px;"> <span>Menu</span> <span>Quotes</span> <span>Lists</span> </div> </div>	
<b>Door Glass Insulation</b>	N/A
<b>Door Handing</b>	Left and Right-Hand/Inswing, Left and Right-Hand/Outswing, Universal/Reversible
<b>Door Style</b>	Traditional
<b>Door Style</b>	Classic
<b>Door Type</b>	Exterior Prehung, Exterior Slab
<b>Features</b>	Glass Panel
<b>Finish Type</b>	Primed
<b>Frame Material</b>	Composite
<b>Frame Material</b>	Composite
<b>Glass Caming Finish</b>	No caming
<b>Glass Layout</b>	1/2 Lite, 1/4 Lite, 3/4 Lite, Full Lite
<b>Glass Shape</b>	Camber Lite, Oval Lite, Rectangle Lite
<b>Glass Style</b>	Clear Glass
<b>Hinge Finish</b>	Nickel
<b>Hinge Type</b>	Ball Bearing
<b>Included</b>	Instructions
<b>Material</b>	Fiberglass
<b>Number of Hinges</b>	3
<b>Number of Lites</b>	1 Lite
<b>Panel Type</b>	1 Panel, 2 Panel, 3 Panel, 4 Panel
<b>Returnable</b>	90-Day
<b>Suggested Application</b>	Front
<b>Warranty / Certifications</b>	
<b>Energy Star Qualified</b>	North-Central, Northern, South-Central, Southern
<b>Manufacturer Warranty</b>	25 Year Limited Warranty

**PART 4- BID FORM**

NAME OF BIDDER Clark's Construction Co.  
 ADDRESS 18109 Livernois Ave Detroit, Mi. 48221  
 TELEPHONE/FAX NUMBERS 313-350-7290

**Bids due in RFC office by Noon on September 5<sup>th</sup>, 2025**

**4.1 PROJECT NAME/LOCATION**

*Site:* THERESA DOWDELL  
 15091 PENROD STREET (HISTORIC)  
 DETROIT, MI 48223  
 313-576-7554  
*Date of Walkthrough: 8/13/2025*

**4.2 ENVIRONMENTAL CONSULTANT SOLICITING BIDS**

*Nicholas Pfund  
 Lead Services Section  
 333 S. Grand Ave.,  
 P.O. Box 30195  
 Lansing, MI 48909  
 517-335-9390 Office  
 517-899-7191 Cell  
 Specifications Written: 7/10/2025*

**4.3 COST ESTIMATES**

All costs include, but are not limited to, labor, materials, equipment, non-hazardous waste disposal in a solid waste landfill, mobilization, lodging, per diem, fees, insurance, etc. The Bidder shall provide a multiplier for each of the cost estimates in the table. The Bidder shall multiply the cost estimate by the multiplier and then by the quantity for each activity/service specified. Subsequently, the Bidder shall total the last column of the table to determine the Total Project Cost, and enter that number in the space provided in section 4.4.

Bidders acknowledge that if bid prices shown on bid document do not add up to the total price given, the lower of the prices will be used to determine the bid price. The state reserves the right to reject the bid.

**4.4 COST ESTIMATE TABLE/SUMMARY OF WORK**

A. The undersigned, having examined the Contract Documents prepared by the Regional Field Consultant and having visited the site(s) and examined the conditions affecting the Work, hereby propose and agree to furnish all labor, materials, and equipment to perform operations necessary to complete the work as specified by said Contract Documents for the stipulated project cost of:

*[Insert a total quantity of each activity or service for the project, where applicable]*

COMPONENT	LOCATION	REMEDIATION TASK DESCRIPTION	LUMP SUM
<b>Healthy Homes</b>			

COMPONENT	LOCATION	REMEDIATION TASK DESCRIPTION	LUMP SUM
Carbon Monoxide Detector	Dining Room 4 Hallway 9 Hallway 18	<i>Install Underwriters Laboratory (UL)-certified, Carbon Monoxide Detector. Install near sleeping areas. Install at recommended height per manufacturer. Do not install on ceiling. Test detector upon installation. Allowance of \$47 per Detector (product and installation). (3) total carbon monoxide detector(s)</i>	
Smoke Detector	Kitchen 7 Hallway 9 Bedroom 11 Bedroom 13 Bedroom 14 Attic 16 Hallway 18	<i>Furnish &amp; install sealed smoke detector with 10-year lithium battery. Replace old existing smoke detectors with new detectors. Do not install near heating or cooling ducts. Test alarm upon installation. Allowance of \$51 per Detector (product and installation). (7) total smoke detector(s).</i>	
Fire Extinguisher	Kitchen 7	<i>Install fire extinguisher in kitchen away from stove at recommended height per manufacturer. Allowance of \$51 per unit (product and installation). (1) total fire extinguisher.</i>	
<b>LEAD SPECS</b>			
LEAD IN DUST	Whole House	Clean entire house for the presence of lead dust. Use the HEPA vacuum and wet wash process.	
Exterior Window Component(s) (Fixed)  Window Sash	Entry 1 (A1) (A2)  Living Room 3 (B1) (B2)  Dining Room 4 (B2)	Remove existing storm screens.  Clean all debris from window panes, mullions, frames and sills. Repair or replace all damaged or rotted substrate. Wet scrape, prime any bare areas and repaint all exterior window surfaces with two coats of exterior grade, paint. <b>Match existing color or verify with homeowner.</b> Repair any damaged glazing and reglaze window. Caulk all trim joints to match trim color using low VOC “Quad” caulk or silicone caulk (no latex).	
Exterior Window Component(s)  Window Well-Trough, Window Jamb, Window Stop, Window Parting Bead, and Window Sash  Window Mullions	Hallway 2 (D)  Living Room 3 (A1) (A2)  Dining Room 4 (B1) (B3)  Kitchen 7 (D)  Stairwell 8	Remove interior and exterior casings and save for re-installation. Remove and dispose of existing window units including window frames and weights. Thoroughly clean, before installation of new window units, all window openings using lead safe cleaning practices. Furnish and install new wood window unit(s) as manufactured by JELD WEN or equal. Window units to have factory applied primer on exterior surfaces. <i>Note: do not use sash packs.</i> New windows must comply with Historic Preservation guidelines, i.e. match the size, grids/muntins, design, proportions, profile and whenever possible, materials of the existing windows. New windows shall be Energy Star Rated ( <i>low E</i> ). Windows to have full screens and sash locks. <b>Do not use tinted glass.</b> Owner responsible for finish	

COMPONENT	LOCATION	REMEDIATION TASK DESCRIPTION	LUMP SUM
	(D)  Bathroom 10 (C)  Bedroom 11 (B) (C)  Bedroom 13 (A1) (A2) (B)  Bedroom 14 (A) (D)	<p>painting and/or staining of windows.</p> <p>If casing(s) or other trim is rotted, damaged or missing, it must be replaced with equivalent. Make necessary interior and exterior wall repairs. Window must be finished flush with interior portion of remaining casing. Install fiberglass batt insulation in any remaining gap greater than 3/8". Contractor to provide homeowner with window warranty. Use tempered safety glass or obscured glass where necessary. REFER to the <i>Secretary Of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings.</i></p> <p>Wrap all exterior casings and exterior trim in aluminum coil stock (match existing color or verify with homeowner) and ensure that water sheds properly off of sill. If windows are currently wrapped in aluminum coil stock, remove as necessary and wrap all exterior casings and exterior trim in aluminum coil stock and ensure that water sheds properly off of sill. Fir out as required with #2 pine with minimum of 1/2" reveal. Include hardware, window lock, trim to match existing, drip cap, etc. Caulk all seams. Caulk must be low VOC, butyl-based or silicone caulk (no latex). Install fiberglass batt insulation in any remaining gap greater than 3/8". Contractor to provide homeowner with window warranty.</p> <p>If window bars are present, they should be removed and shall not be replaced. They should be provided to the homeowner after the work is completed.</p>	
Door and Exterior Door Jamb	Entry 1 (A)	Remove and keep existing door. Remove all paint from impact and friction surfaces. Perform substrate stabilization all remaining door trim. Wet scrape and fully apply Eco-Bond Lead Defender (or equivalent) to doors, jamb and interior/exterior casing. Chemically strip, neutralize and repaint/refinish lead-identified door. Re-install door. Furnish and install all new materials required to provide proper operation of wood door. Include new brass weatherstripping to provide airtight seal. Stain and varnish door, applying at least 2 coats of varnish. <b>Verify color with owner.</b>	
Fireplace (Tile)	Living Room 3 (B)	Perform substrate stabilization. Repair or replace all damaged or rotted substrate. Wet scrape, prime any bare areas and repaint these surfaces with two coats of enamel paint. Paint used should be specifically formulated for tile. <b>Match existing color or verify with owner.</b>	
Exterior Door Jamb	Kitchen 7 (C)	Furnish and install new aluminum coil stock, <b>verify color with owner</b> , fastened securely to structure on all wood surfaces to ensure a maintenance-free and weathertight exterior. Caulk all trim joints to match	

COMPONENT	LOCATION	REMEDIATION TASK DESCRIPTION	LUMP SUM
		trim color using low VOC “Quad” caulk or silicone caulk (no latex).	
Wall Register	Bathroom 10 (D)	Remove existing wall register and replace with new equivalent to fit opening.	
Wall(s) (Tile)	Bathroom 10 (All)	Perform substrate stabilization. Repair or replace all damaged or rotted substrate. Wet scrape, prime any bare areas and repaint these surfaces with two coats of enamel paint. Paint used should be specifically formulated for tile. <b>Match existing color or verify with owner.</b>	
Door, Door Jamb, Door Stop and Door Threshold  (Including Door/Window Mullions)	Balcony Entry 12 (C)	Remove and dispose of existing door and framing. Furnish and install new <u>equivalent</u> , pre-hung, insulated door to match existing architecture. <b>Verify style with owner.</b> Door MUST have Energy Star rating ( <i>low E</i> ). Installation to include new weather stripping, passage set with lock and threshold for a complete installation. Replace existing casing and trim where missing and/or damaged. Wrap exterior casing in aluminum. Ensure threshold is supported. Shimming should occur every 16”. All new and existing materials to include primer coat on new surfaces ( <b>low VOC</b> ). Install new lockset as manufactured by Schlage or approved equal. Security lock (deadbolt) shall have hardened steel insert, trim ring and wood frame re-enforcer with concealed hardened steel roller. Provide for a secure installation and smooth operation. Lock key to be keyed to house locks.	
Storm Door	Balcony Entry 12 (C)	Remove and dispose of existing storm door. Furnish and install new wood equivalent storm door to match existing architecture. <b>Verify style with owner.</b>	
Stair Stringer(s)	Stairwell 17 (All)	Perform substrate stabilization. Repair or replace all damaged or rotted substrate. Wet scrape, prime any bare areas and repaint these surfaces with two coats of enamel paint. <b>Match existing color or verify with owner.</b>	
Mailbox	Exterior House (A)	Remove all loose paint. Apply primer and exterior grade enamel paint appropriate for metal surfaces. Install bumper pads or weather stripping to impact areas.	
Door Casing(s) and Door Lintel(s)	Exterior House (A) (C)	Furnish and install new aluminum coil stock, <b>verify color with owner</b> , fastened securely to structure on all wood and metal surfaces to ensure a maintenance-free and weathertight exterior Caulk all trim joints to match trim color using low VOC “Quad” caulk or silicone caulk (no latex).	
Vent and Pipe	Exterior House (C)	Perform paint stabilization. Wet scrape and remove existing rust. Prime any bare areas and repaint these surfaces with two coats of exterior grade, rust resistant paint. <b>Match existing color or verify with owner.</b>	
Door Lintel	Exterior House (D)	Furnish and install new aluminum coil stock, <b>verify color with owner</b> , fastened securely to structure on all	

COMPONENT	LOCATION	REMEDIATION TASK DESCRIPTION	LUMP SUM
		wood and metal surfaces to ensure a maintenance-free and weathertight exterior Caulk all trim joints to match trim color using low VOC “Quad” caulk or silicone caulk (no latex).	
Coal Door	Exterior House (D)	Perform paint stabilization. Wet scrape and remove existing rust. Prime any bare areas and repaint these surfaces with two coats of exterior grade, rust resistant paint. <b>Match existing color or verify with owner.</b>	
Attic Vent (Assumed)	Exterior House (D)	Perform paint stabilization. Wet scrape and remove existing rust. Prime any bare areas and repaint these surfaces with two coats of exterior grade, rust resistant paint. <b>Match existing color or verify with owner.</b>	
<b>**PLUMBING SPECS**</b>			
Faucet and Shut Off Valve(s)	Bathroom 6 Bathroom 10 Bathroom 22	Remove the existing faucet/fixture and replace with new. Install new lead free Delta Lavatory Faucet model B2596LF or Windemere Collection. Include all required fixture connections/accessories such as new pop up assembly (if needed) and shut off valves (required). <ul style="list-style-type: none"> <li>• <b>Components to be from Lead Free product lines or non- metal.</b> (Must meet minimum NSF/ANSI 61-G and NSF/ANSI 372).</li> <li>• <b>Faucet documents/paperwork to be presented to RFC for verification of proper components.</b></li> <li>• <b>All aerator keys/wrenches to be provided to homeowner.</b></li> <li>• <b>Contractor responsible to ensure proper drainage as of job completion-verify before starting work and notify RFC if problems.</b></li> </ul>	<b><u>\$450/faucet</u></b>
Faucet and Shut Off Valve(s)	Kitchen 7	Remove the existing faucet/fixture and replace with new. Install lead free Delta Kitchen Sink Faucet model numbers 100-DST or 100-BH-DST for non-sprayer locations. Or model numbers 400-DST, 400-BH-DST, 400-DST-A or 400-DST-L for sprayer equipped locations. Include all required fixture connections/accessories up to and including the shut off valves (required). <ul style="list-style-type: none"> <li>• <b>Components to be from Lead Free product lines or non- metal.</b> (Must meet minimum NSF/ANSI 61-G and NSF/ANSI 372).</li> <li>• <b>Faucet documents/paperwork to be presented to RFC for verification of proper components.</b></li> <li>• <b>All aerator keys/wrenches to be provided to homeowner.</b></li> <li>• <b>Contractor responsible to ensure proper drainage as of job completion-verify before starting work and notify RFC if problems.</b></li> </ul>	<b><u>\$450/faucet</u></b>

COMPONENT	LOCATION	REMEDIATION TASK DESCRIPTION	LUMP SUM
		Obtain all applicable permits as required in Part 7 of the Bidding Procedures document. (Page 12--7.5B)	DON'T BID THIS ITEM

<b>REMEMBER</b>	<b>General (DO NOT BID THIS ITEM!)</b>	<ul style="list-style-type: none"> <li>• <b>Contractor is responsible for ALL required permitting-required permits may vary by location.</b></li> <li>• <b>All products used to be installed and/or applied per manufacturer’s written specification and recommendations including application temperatures and methods.</b></li> <li>• <b>Ensure all exterior, horizontal surfaces are free of visual dust, paint chips and debris, including but not limited to roofs and eaves troughs.</b></li> <li>• <b>Patch (X) testing is required prior to the application of all encapsulates and paints to ensure proper adhesion. Locations should be identifiable to Clearance Examiner upon request.</b></li> <li>• <b>All encapsulate products must contain Bitrex or other approved taste-aversion product</b></li> <li>• <b>Surfaces under/behind wrappings and enclosures must be labeled.</b></li> <li>• <b>Contractor responsible for verifying the count of all windows and other materials at the walkthrough. RFC is not responsible for errors on floor plans, verbal counts etc.</b></li> </ul>
	<b>Plumbing (DO NOT BID THIS ITEM!)</b>	<ul style="list-style-type: none"> <li>• <b>Components to be from Lead Free product lines or non- metal. (Must meet minimum NSF/ANSI 61-G and NSF/ANSI 372).</b></li> <li>• <b>Faucet documents/paperwork to be presented to RFC for verification of proper components.</b></li> <li>• <b>All aerator keys/wrenches to be provided to homeowner.</b></li> <li>• <b>Contractor responsible to ensure proper drainage as of job completion-verify before starting work and notify RFC if problems.</b></li> </ul>

TOTAL PROJECT COST \$ \_\_\_\_\_ Dollars  
 (Sum of Project Cost Column)

***\*\*“All pricing listed in the bid includes the cost increase(s) of materials brought on by the COVID-19 pandemic. A change order will not be issued for MATERIAL price increase on this project unless there is incontrovertible evidence to the contrary.”\*\*\****

**Approximate Project Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**The undersigned agrees that all work shall be completed within 60 calendar days of issuance of the purchase order unless written alternate arrangements have been made with and approved by the Regional Field Consultant. Should the contractor fail to adhere to this timeline, the purchase order shall be voided and reissued to an alternate contractor with no penalty to the Department of Health and Human Services, any other current awarded projects shall be revoked with no penalty to the Department of Health and Human Services and the contractor shall be placed on mandatory probationary status in which a job award limitation shall be placed upon contractor.**

#### 4.5 BIDDING PROCEDURES

- A All bids must be submitted (**ONLY SECTION 00100, PART 4**), in triplicate, on the proposal forms provided as part of the bidding documents and in accordance with the Instructions to Bidders. Provide a complete list of subcontractors (one per discipline) as indicated on the Bid Forms. Listing two per discipline will be grounds for disqualification. The following items **MUST** be included in the bid package in order for the bid to be accepted:
1. Triplicate copies of Section 00100, PART 4 only.
  2. Insurance Certificate (must be submitted after EACH project award)
  3. Project Dates

*Contractor acknowledges receipt of one copy of the master Healthy Homes Section, Lead Safe Home Program Project Specifications document, including all contract language and acknowledges that this document in its entirety will not be distributed at each project walkthrough. Contractors will receive only the Section 00100, Part 4 Bid Document, detailing the scope of work and bidding procedures, for each project in which a bid is solicited. For contract language-related questions, each contractor shall refer to their master copy of the HHS Lead Safe Home Program Project Specifications.*

- B. Bids may be mailed, sent via facsimile or electronic mail ("email").

Bids sent via regular or express mail be submitted in envelopes with the following identified on the face:

1. Name and address of Regional Field Consultant identified in 1.2.
2. Project name.
3. Date and Time of bid opening
4. Notation BID ENCLOSED

Bids submitted via facsimile shall be sent to (517) 284-9956 to the attention of "Lead Safe Home Program Manager" and shall contain a cover marked "Confidential".

Bids submitted via electronic mail shall be sent to [campbellm22@michigan.gov](mailto:campbellm22@michigan.gov). The subject line shall include the language, "Bid Enclosed, for project at [insert project address] due on [insert bid due date]. This electronic mail will not be opened by the LSHP Manager until the bid due date. In addition, contractor shall NOT copy Regional Field Consultants on this email.

- C. A bid is invalid if it has not been deposited at a designated location prior to the time and date for Receipt of bids indicated in the Instructions to Bidders or prior to any extension thereof issued by Addendum to Bidders. Bids received after the time and date for Receipt of Bids will be unopened.
- D. No Bidder shall modify, withdraw, or cancel a bid thereof for 60 days after the time designated for the Receipt of Bids.
- E. Prior to the Receipt of Bids, Addenda will be FAXED, mailed, or delivered to each person or firm recorded by the Regional Field Consultant as having received the Bidding Documents and will be available for inspection wherever the Bidding Documents are kept available for that purpose. No Addendum will be issued later than three days prior to the date for the Receipt of Bids except an Addendum, if necessary, postponing the date for Receipt of Bids or withdrawing the Request for Bids. Each Bidder shall ascertain prior to submitting a Bid that he/she has received all Addenda issued and shall acknowledge their receipt in their Bid.
- F. **Bid awards will not be considered final by any contractor until the purchase order is generated by the State of Michigan, Department of Health and Human Services and received by the appropriate contractor.** Verbal and written bid awards presented by the Regional Field Consultants are temporary pending approval by the State of Michigan, Department of Health and Human Services. The purchase order shall serve as the official bid award and project contract.
- G. Awarded contractor will provide notice of project start and completion dates to the State of Michigan, Department of Health and Human Services on the prescribed project notification form as per Section 5472 of the Michigan Lead Abatement Act.
- H. Awarded contractor will submit appropriate insurance certificates verifying general liability, lead-specific liability and worker's compensation coverage. The certificate must list the homeowner, the Michigan Department of Health and Human Services and the Regional Field Consultant as additionally insured, as well as the site address. The certificate must be submitted no later than 15 business days after project award or the Michigan Department of Health and Human Services reserves the right to reject the bid and award to the next qualified bidder.
- I. All Bids must be signed as follows:
1. Corporations: signature of official shall be accompanied by a certified copy of the resolution of the Board of Directors authorizing the individuals signing to bind the corporation.

2. Partnerships: signature of one partner shall be accompanied by a certified copy of the Power of Attorney authorizing the individual signing to bind all partners. If a certified copy of the Partnership=s Certificate submitted with the Bid indicates that all partners have signed, no authorization is required.
  3. Bids submitted by Joint Venturers shall be signed by one of the Joint Venturers and shall be accompanied by a certified copy of the Power of Attorney authorizing the individual signing to bind all the Joint Venturers. If a certified copy of the Joint Venturer’s certificate submitted with the Bids indicate that all Joint Venturers have signed, not authorization is required.
  4. Individual signing on own behalf: No authorization is required.
  5. Individual signing on behalf of another: Power of Attorney or comparable evidence of authority shall accompany Bid.
- J. The Bidder shall assume full responsibility for the timely delivery at the location designated for Receipt of Bids. No Bids received after the time fixed for receiving Bids will be considered.
- K. Oral or telephonic bids are invalid and will not receive consideration. No telephonic or telegraphic modifications of a bid will be considered unless otherwise noted by Regional Field Consultant.
- L. Negligence in preparation, improper preparation, errors in and/or omissions from the Bid shall not relieve the Bidder from fulfillment of any and all applicable obligations and requirements of the contract documents. **Error in bid amount calculations shall be means for disqualification of bid.**
- M. The State of Michigan, Department of Health and Human Services will prepare the copies of the Agreement based upon the Bids submitted by the most qualified Bidder. These Agreements, when executed, will constitute the Contract between the State of Michigan, Department of Health and Human Services and the successful Bidder.

#### 4.6 OTHER CONDITIONS

- A. The Bidder shall make no additional stipulations on the bid Form nor qualify the Bid in any other manner. Unauthorized conditions, limitations, or provisions attached to the Bid will be cause for rejection of the Bid. If alterations by erasure or interlineation are made for any reason, explain such erasure or interlineation with a signed statement from the Bidder.
- B. No responsibility shall be attached to the Regional Field Consultant, or authorized representatives, for the premature opening of any proposal which is not properly addressed, delivered and/or identified.
- C. No Bidder may withdraw a bid for a period of sixty (60) calendar days after the date set for opening thereof, and bids shall be subject to acceptance by the State of Michigan, Department of Health and Human Services during this period.
- D. **TIME OF COMPLETION** - The undersigned agrees to start work immediately after the project start date as described in Section - Cost Estimate Table/Summary of Work, or at such time as subsequently agreed upon by the Contractor and the State of Michigan, Department of Health and Human Services. The undersigned also agrees to be completed with each work area or site by the completion date(s) as described in Section- Cost Estimate Table/Summary of Work, or pay the amount specified as liquidated damages. **The undersigned agrees that all work shall be completed within 6 calendar days of issuance of the purchase order unless written alternate arrangements have been made with and approved by the Regional Field Consultant. Should the contractor fail to adhere to this timeline, the purchase order shall be voided and reissued to an alternate contractor with no penalty to the Department of Health and Human Services, any other current awarded projects shall be revoked with no penalty to the Department of Health and Human Services and the contractor shall be placed on mandatory probationary status.**

**In adhering federal and state regulations, contractor must submit a three-business day notification to Michigan Department of Health and Human Services prior to the start of the project. In addition, the contractor must provide to the Regional Field Consultant a verbal or written notification at least three days prior to the job start date.**

In the event that the unit is not prepared properly by the occupant, it is the undersigned’s responsibility to collect any associated mobilization fees from the homeowner with the approval of the State of Michigan, Department of Health and Human Services, after the abatement work has been completed. The State of Michigan, Department of Health and Human Services will not be held responsible for these costs incurred.

- E. All workmanship should follow industry standards.

#### 4.7 ACKNOWLEDGMENT OF ADDENDA



### B-3: FLOOR PLANS Exterior Property Layout

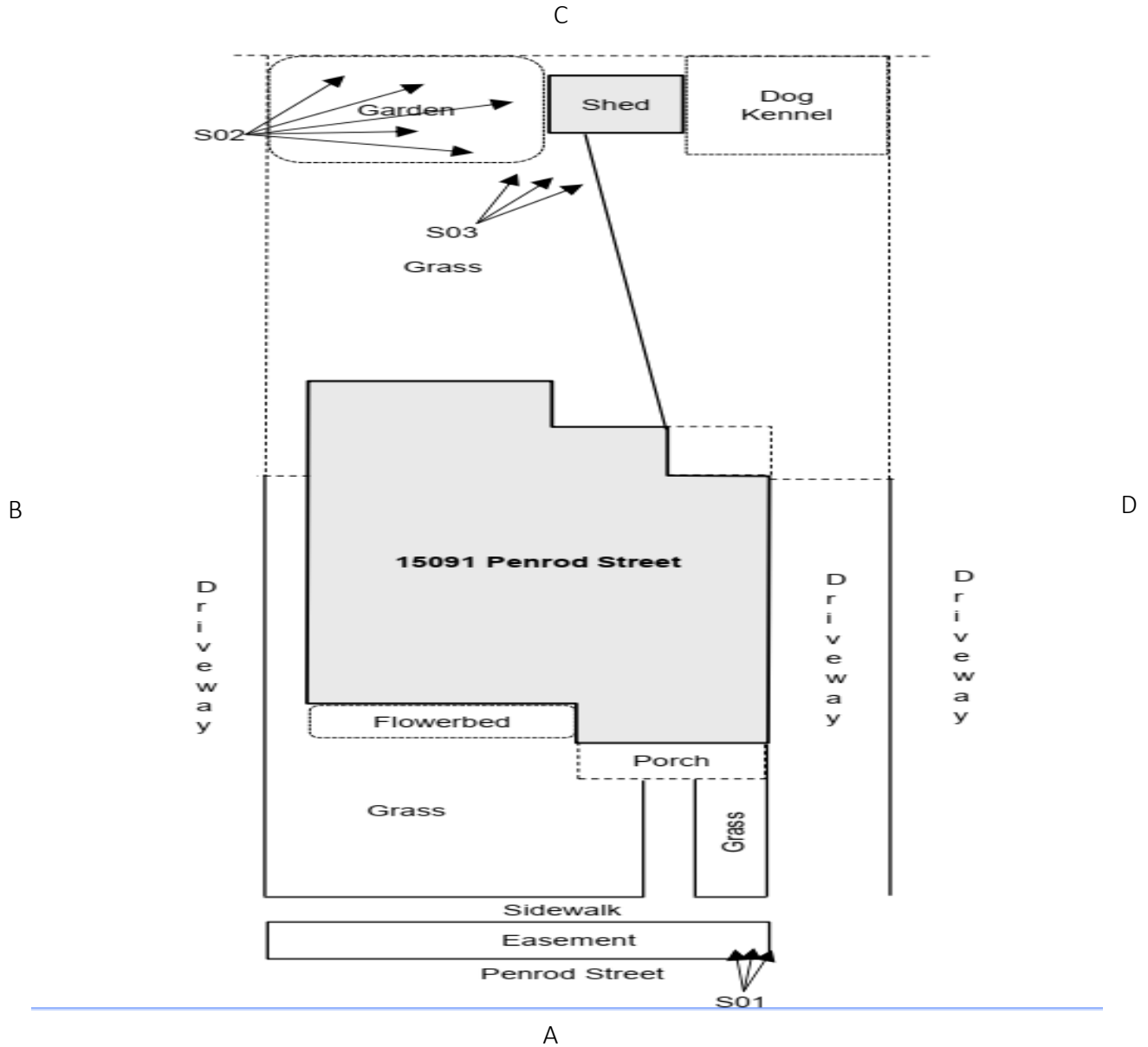
▲ = Sample Location

---- = Fence

S0# = Sample #



Map Not to Scale






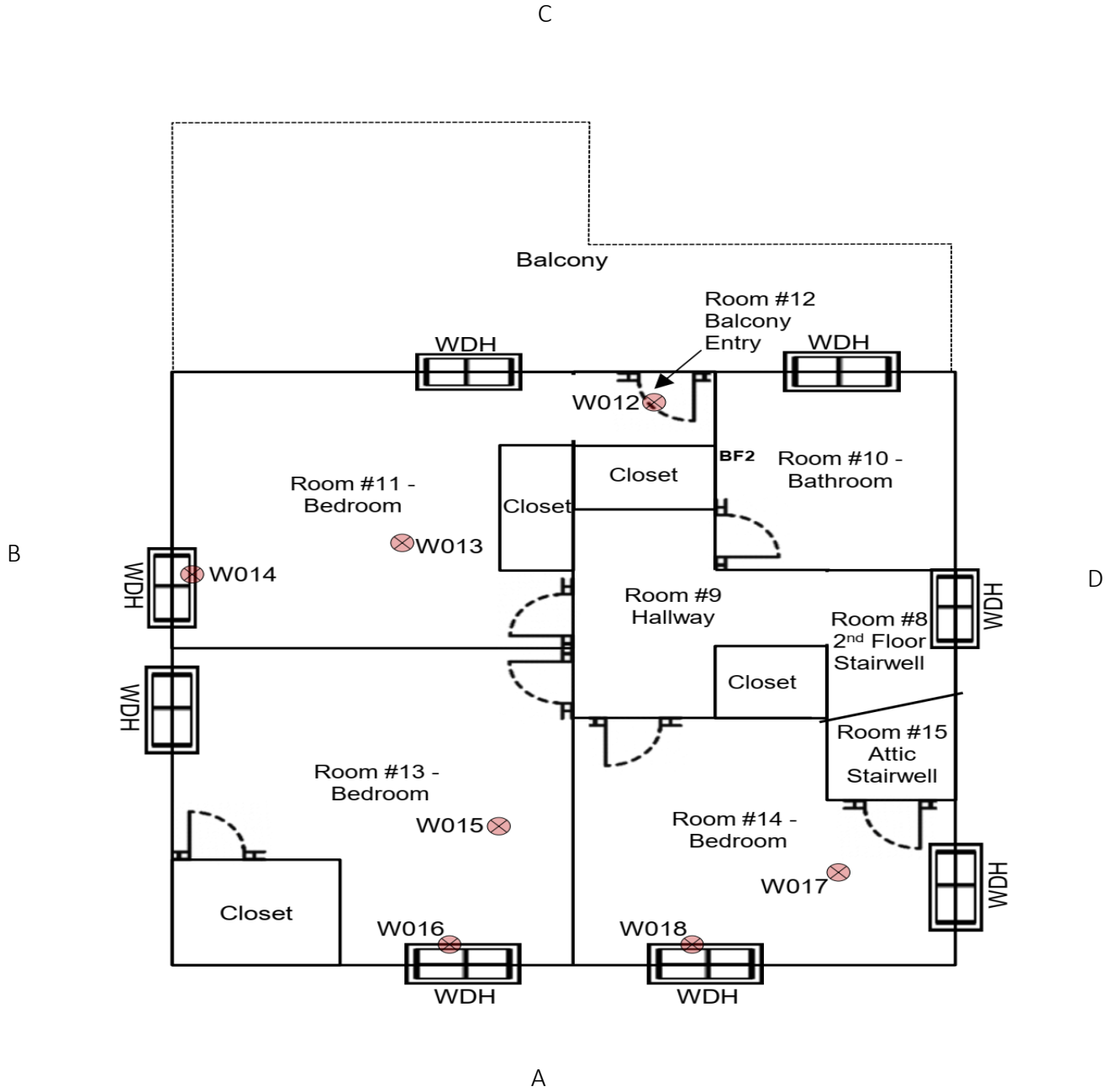


### B-3: FLOOR PLANS Interior Second Floor

WDH = Wood Double Hung






-  = Sample Location
-  = Window
- W00# = Sample #
-  = Door



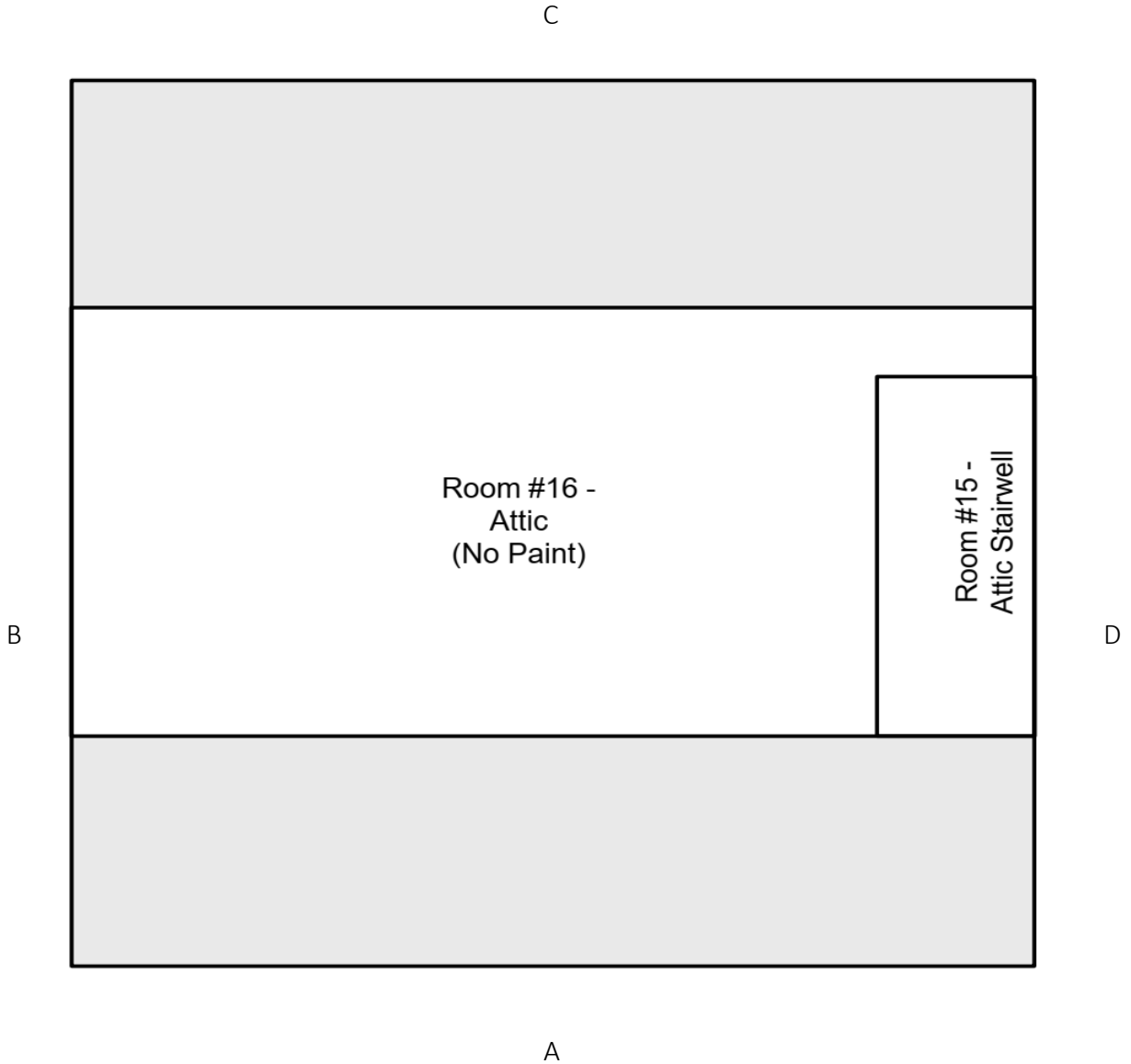
### B-3: FLOOR PLANS

#### Interior Attic

-  = Sample Location
-  = Window
- W00# = Sample #
-  = Door






Map Not to Scale



### B-3: FLOOR PLANS Interior Basement

GB = Glass Block

-  = Sample Location
-  = Window
- W00# = Sample #
-  = Door



Map Not to Scale

